



Paul R. LePage  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF OPTOMETRY**  
113 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Linda Cameron, O.D.  
President



**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

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Mailing Address of applicant:		
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County:	Telephone #: (____)_____-_____	
Name of cardholder (if other than applicant):		
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I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard _____-_____-_____-_____	
Exp Date _____/_____ in the amount of \$_____	
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PHONE: (207)624-8691  
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